

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

564

State File No. 340

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4619 Adkins Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **Unknown** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Anthony J. Michel**

3. (b) If veteran, name war..... 3. (c) Social Security No. **406-14-5978**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Josie Michel** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **September 28, 1883**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 14 hr. min.

9. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Odd jobs**

11. Industry or business..... **Michael Michel**

12. Name..... **Germany**
 13. Birthplace.....
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Pearl Meyer**
 (b) Address..... **4619 Adkins Ave.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... **1 14 43**
 (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Carmel Cem. East St. Louis, Mo.**

18. (a) Signature of funeral director..... **3634 Gravois Avenue**
 (b) Address.....

19. (a) **JAN 13 1943** (b) **J. F. Brudesh**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4619 Adkins Avenue**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12**
 year **1943** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....

that I last saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carbon Monoxide Poisoning**
when he was found seated in his auto
mobile in garage in rear of 4652
Varrelman Ave., Jan. 12, 1943.
 Due to..... **about 8:00 o'clock A.M. WHETHER**
ACCIDENTAL OR SUICIDAL COULD NOT BE
DETERMINED.

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Open Verdict**
 (b) Date of occurrence..... **1-12-1943**
 (c) Where did injury occur?..... **St. Louis, Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? (Specify type of place) (e) Means of injury.....

23. Signature..... **Thomas J. Callahan** (M.D. or other)
 Address..... **Deputy Coroner** Date signed..... **1-13-43**

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, N. Y.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

2000-100-100
100-100-100
100-100-100
100-100-100

Signed.....*Frederick J. Gylbrand*.....
Licensed Embalmer No. *2615*.....
P. O. Address *H. Lindgren*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.